



**MINISTRY OF GENDER, LABOUR AND
SOCIAL DEVELOPMENT**

**NATIONAL GUIDELINES ON
HEALTH EDUCATION AND
LIFE SKILLS FOR OUT - OF -
SCHOOL ADOLESCENTS
AND YOUTH**

**FEBRUARY
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FOREWORD

The National Population and Housing Census Report 2024 underscores the fact that Uganda remains a country with predominantly young population. Children, adolescents, and youth collectively account for **73.2%** of the population, with over half (**50.5%**) aged 17 and below. Youth aged 18 to 30 constitute **22.7%** of the population, reflecting Uganda's vast demographic dividend and the urgent need for investments that harness this potential.

The primary objective of these Guidelines is to provide structured direction for Government, institutions, and communities to empower out-of-school adolescents and youth with values-based knowledge and skills necessary to lead healthy, productive, and meaningful lives. Particular focus is placed on enabling these young people who are often outside the formal education system to make informed, value-based decisions, access essential services, and actively contribute to national development.

These Guidelines identify critical service gaps, outline the consequences of inaction, and provide harmonized, multisectoral guidance for the design and implementation of effective health education and life skills interventions across the country. They respond to the chronic challenges that **OOSAY** face, including early pregnancies, substance use and abuse, mental health, limited access to sexual and reproductive health (**SRH**) services, unemployment, and poor nutrition among others. They also propose strategic, evidence-based responses to address these complex issues.

The successful implementation of the various interventions within the Guidelines requires a multisectoral and coordinated effort by all actors—public and private. This includes line Ministries, Local Governments, Employers, Civil Society Organizations, Religious and Cultural Institutions, and Development Partners. Together, we must complement government initiatives and ensure an integrated approach that is responsive to the needs of **OOSAY**.

This initiative aligns with Uganda's national commitments to youth-centred development, as articulated in the Constitution of the Republic of Uganda, Vision **2040**, the Fourth National Development Plan (**NDP IV**), the NRM Manifesto, and other regional and global frameworks.

The development of these Guidelines reaffirms the Government of Uganda's continued commitments to the empowerment of the young population and to the creation of a healthier, and equitable future for all.

I, therefore, call upon all stakeholders to support the effective rollout and implementation of these Guidelines. Together, let us create an enabling environment where every out-of-school adolescent and youth in Uganda is empowered.



AMONGI BETTY ONGOM (MP)

MINISTER FOR GENDER, LABOUR AND SOCIAL DEVELOPMENT.



PREFACE

The development of the National Guidelines on Health Education and Life Skills for Out-of-School Adolescents and Youth (**OOSAY**) marks a significant milestone in Uganda's efforts to enhance broad and equitable access to critical life competencies and health information for adolescents and youth outside the formal education system.

The Guidelines reflect the Government's commitment to empowering **OOSAY** through evidence-based, age-appropriate, culturally sensitive, and values-driven approaches. They provide a structured framework for stakeholders to design, implement, monitor, and evaluate responsive interventions that address the persistent needs of out-of-school adolescents and youth. These include those in rural or urban settings, living with or without disabilities, married or unmarried, employed or unemployed.

The Guidelines offer a holistic foundation for targeted, coordinated, and sustainable delivery of values-based health education and life skills. They also articulate the roles of various actors and propose adaptable strategies to strengthen the knowledge, resilience, and capabilities of **OOSAY** to lead safe, productive, and fulfilling lives.

The Ministry trusts that these Guidelines will serve as a tool to facilitate mobilisation and inspire action among all duty bearers, Government institutions, development partners, civil society organisations, community leaders, parents, caregivers, families, and the private sector to prioritize youth empowerment as a critical pillar of Uganda's development agenda.

We extend our sincere gratitude to all the partners, stakeholders, and youth voices who contributed to the development of these Guidelines. We especially acknowledge the invaluable support from Government Ministries, Departments, and Agencies (**MDAs**) notably the Ministry of Education and Sports and the Ministry of Health. Special appreciation goes to **UNFPA**, the Centre for Health, Human Rights and Development (**CEHURD**), **CARE** International Uganda, the **SRHR** Alliance, the Multi-Sectoral Technical Working Group, and the Organization of African First Ladies for Development (**OAFILD**) for their technical and financial contributions that made this initiative a reality.

We look forward to seeing this practical and user-friendly tool widely used to guide meaningful interventions that uplift the lives of Uganda's out-of-school adolescents and youth.



BALAAM BARUGAHARA ATEENYI
MINISTER OF STATE FOR YOUTH AND CHILDREN AFFAIRS.

ACKNOWLEDGEMENT

The development of the *National Guidelines on Health Education and Life Skills for Out-of-School Adolescents and Youth (OOSAY)* represents a significant milestone in the Government of Uganda's efforts to address the gaps and challenges in quality service delivery to the **OOSAY**.

The Ministry of Gender, Labour and Social Development, in collaboration with Government Ministries, Departments and Agencies, Development Partners, Academia, Civil Society Organisations, Religious and Cultural Institutions, and other key stakeholders, led the development of these Guidelines.

I extend sincere gratitude to all stakeholders who provided invaluable technical input throughout the development of these Guidelines. Special recognition goes to the dedicated technical team whose tireless efforts and unwavering commitment were instrumental in bringing this process to fruition. In particular, I acknowledge Mondo Kyateka, who spearheaded the initiative with visionary leadership, Namanya Patience, who coordinated the process with exceptional diligence and professionalism, and Fred Ngabirano for his oversight guidance throughout the development process.

Other key contributors include Robert Odida, Agnes Nampeera, Aphia Mugoye, Godfrey Walakira, Saidi M. Nsamba, Florence Namuwaya, Rev. Can. Evatt Mugarura, Ochieng Steven and Ssensalire Rajab. Their collective efforts have culminated into the production of a practical and impactful resource for empowering Uganda's out-of-school adolescents and youth.



AGGREY DAVID KIBENGE
PERMANENT SECRETARY
MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT.



EXECUTIVE SUMMARY

The *National Guidelines on Health Education and Life Skills for Out-of-School Adolescents and Youth* have been developed to address unique challenges that out-of-school adolescents and youth (**OOSAY**) face in Uganda. These include early pregnancies, substance use and abuse, mental health, limited access to sexual and reproductive health (**SRH**) services, unemployment, and poor nutrition among others.

The Guidelines are anchored within the National Development Plans and aligned with the National, Regional and Global normative frameworks for **OOSAY**. They provide a holistic, values-based tool for designing, implementing, and evaluating interventions targeting **OOSAY**.

The goal of the Guidelines is to empower **OOSAY** with the knowledge, attitudes, values, and practical life skills necessary for healthy decision-making, resilience, and meaningful participation in society. The Guidelines aim to support coordinated action by government institutions, development partners, civil society, parents, caregivers, families, communities, faith-based organisations, religious and cultural institutions, and **OOSAY**.

The Guidelines highlights a situational analysis which recognises demographic structures, critical vulnerabilities, and current service shortfalls. Themes and structured topics addressing Sexual Reproductive Health (SRH), personal development, relationships, mental health, nutrition, violence prevention, financial literacy, and employability are also included, as are the principles and values that underpin health education and life skills for **OOSAY**. The Guidelines also contain delivery strategies that identify appropriate venues and stakeholder roles for effective outreach, such as community hubs, workplaces, and faith-based spaces. Lastly, they provide mechanisms for monitoring, evaluation, and learning, to promote accountability, consistency, and impact.

The Guidelines were developed through a highly consultative and participatory process with government **MDAs**, religious and cultural leaders, **CSOs**, youth representatives, and development partners. They reflect Uganda's commitment to ensuring that "nothing for **OOSAY** is done without **OOSAY**" and provide a national blueprint for investing in the health education and life skills of the country's out-of-school adolescents and youth.

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
SBCC	Social Behaviour Change Communication
CSO	Civil Society Organization
FBO	Faith Based Organization
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
IEC	Information, Education and Communication
MEAL	Monitoring, Evaluation, Accountability and Learning
MDAs	Ministries, Departments and Agencies
MGLSD	Ministry of Gender, Labour and Social Development
MPDSR	Maternal and Perinatal Death Surveillance Response
MOES	Ministry of Education and Sports
MOH	Ministry of Health
NCD	Non-Communicable Disease
NDP	National Development Plan
NGO	Non-Governmental Organization
OOSAY	Out-of-school Adolescents and Youth
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UAC	Uganda Aids Commission
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

DEFINITION OF TERMS

Adolescence: A period of transition from childhood to adulthood for both males and females.

Adolescent: A person aged 10-19 years (WHO). But for purposes of these Guidelines, the adolescent will be a person aged 8-19 years.

Appropriateness: Mostly found to be fitting, suitable or compatible

Career: An occupation undertaken for a significant period of a person's life and with opportunities for progress.

Child: A person below 18 (eighteen) years as per the 1995 Constitution of the Republic of Uganda

Community: A group of people either living in a geographical area or who share a common culture, interest and are organized in a social structure that exhibits some awareness of a common identity.

Conflict: A situation which people or groups are involved in a serious disagreement or argument.

Culture: The customs, values, norms, practices and beliefs, arts, way of life and social organisation of a particular group of people. It is also a sum total of the ways in which a society preserves, identifies, organizes, sustains and expresses itself.

Discrimination: Any form of arbitrary distinction, exclusion or restriction affecting a person usually but not only by virtue of inherent personal characteristics or perceived belonging to a particular group. In case of HIV and AIDS, a person is confined or suspected HIV positive status, irrespective of whether or not there is any justification for these measures.

Employment: The state of gainful engagement in any economic activity

Family values: These are foundational principles that keep the family cohesive and as such preserve the integrity of a society.

Family: This is the basic unit of a community comprising of a group of people related by blood, marriage, kinship and or adoption

Father and Mother: These are the biological parents of a child (man and woman).

Formal Sector: Covers all those enterprises which fulfil the following; offer regular wages and hours of work, employees carry with them employment rights, officially registered, and liable to taxation.

Guardian: A person who has the legal right and responsibility of taking care of a child other than a biological parent

Gender: It is the social and cultural construct of roles, responsibilities, attributes, opportunities, privileges, status, access to and control over resources and benefits between women and men, boys and girls in a given society.

Health: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

Health education: Education that promotes an understanding of how to maintain personal health.



Health workers: Persons trained and permitted to provide healthcare services

Holistic child development: This is child growth and development that covers spiritual, physical, emotional and socio-economic aspects

Hygiene: The practice of keeping oneself and one's living and working areas clean.

Informal sector: is part of a country's economy that is not recognized as normal income sources.

Life skills: Are abilities for adaptive and positive behaviour that enable humans to deal effectively with the demands and challenges of life.

Management: Controlling and directing with a view to attaining a desired result

Mitigation: The action of reducing the severity, seriousness, or painfulness of something.

Norms: Cultural or social expectations or behaviours that are considered acceptable in a group or society.

Out-the-school adolescent and youth (OOSAY): Refers to an individual within the typical school-going age (8-30 years) who is not enrolled in or attending any formal educational institution. The justification why from 8 years and not the standard 10 years for adolescence stage is that research indicates that nowadays puberty sets in a little bit early

Parent: This is a biological mother and/or father or guardian responsible for the growth and development of a child

Parenting: The process of nurturing, socializing, providing for the child's holistic growth and development

Parenting practices: Refer to specific things that parents do while raising their children. These can refer to the imposing and use of schedules, rules, expectations, punishments, rewards, etc. Basically, parenting practices reflect any type of regular interaction that parents have with their children.

Policy: Broad statements to provide a specific direction

Protection: Actual support and assurance of safety for the person or persons in a given setting.

Reintegration: Re-admit an OOSAY back into school, family, community, etc.


Reproductive Health: The state of complete social, emotional, mental and physiological wellbeing of a person in relation to matters related to sex, conception and child bearing.

Right: The basic freedom that belongs to every person in the world from birth till death

Self-care: is the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a health-care provider.

Sex: The biological characteristics that define humans as female and male.

Sexual Abuse: The crime or act of harming a person through unwanted sexual activity or abusive sexual behaviour resulting in physical, sexual or emotional damages. It is the unlawful use of any object or organ by a person on another person's sexual organ.



Sexuality: The collection of reproductive properties and roles of a human being as created by God. It:

(a) encompasses gender, pleasure, intimacy and reproduction;

(b) can be experienced and expressed in thoughts, desires, beliefs, attitudes, values, behaviours, practices, physical makeup, our emotions, our spirituality, roles and relationships, personality and all of the other aspects that make up our personhood

(c) can be influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

Soft skills: Personal attributes that enable someone to interact effectively and harmoniously with other people. They are character traits and interpersonal skills that characterize relationships with other people and complement hard skills.

Stakeholders: Persons, groups, entities, representatives, and interest parties

Standards: Minimum expected level of achievement or a rule or principle that is used as a basis for judgment.

Substance use and abuse: It is the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. It is the excessive use of a drug or alcohol in a way that is detrimental to self, society, or both.

Target group: Persons for whom the Guidelines shall apply or be applicable

Teen: A young person of teen-age between thirteen and nineteen years.

Teenage/unintended pregnancy: Conception that occurs to persons below the age of nineteen years that may be incidental

Underemployment: Is a situation where working individuals aged 14- 64 years are not fully utilised in terms of hours of work, skills and earnings.

Unemployment: Is a situation whereby persons aged 14- 64 years, who during a reference period are without work but are available for paid employment or self-employment.

Values: Beliefs about what is right and wrong and what is important in life.

Vulnerability: Is a state of being or likely to be in a risky situation, where a person is likely to suffer significant physical, emotional or mental harm that may result in their human rights not being fulfilled.

Vulnerable: Capable of or likely to being wounded or hurt physically or emotionally; openness to defencelessness; susceptible to temptation or corruption

Youth: Persons between 18 and 30 years

Youth Friendly Services: Centres, which meet certain standards (that include policies and processes that support adolescents' rights) and help the youth to meet their sexual and reproductive health needs in a friendly manner

1.0 INTRODUCTION

These Guidelines have been developed to operationalise the National Framework on Education for Health and Life Skills (2025). They are specifically for providing health education and life skills for the out-of-school adolescents and youth in Uganda.

1.1 Background

Globally, the world is witnessing its largest generation of young people in history, with over **1.8 billion** individuals aged between 10 and 24 years (UNFPA, 2022). This demographic presents an unprecedented opportunity for economic growth and social transformation, commonly referred to as the demographic dividend if countries invest in their health, education, and skills development.

Regionally, sub-Saharan Africa has the youngest population, with a median age of 18.8 years as of 2023 (UN DESA, 2023). The region continues to experience rapid population growth, and its young population holds great potential for driving sustainable development, innovation, and economic advancement, provided that their needs are met and their potential exploited.

At the national level, Uganda mirrors this regional trend. The National Population and Housing Census Report (UBOS, 2024) reveals that children, adolescents, and youth collectively account for **73.2%** of the country's population. More than half (**50.5%**) are aged 17 and below, while those aged 18 to 30 years make up **22.7%**. This age structure positions Uganda for a substantial demographic dividend, but also highlights the urgent need for deliberate investments in adolescent and youth development, particularly for those outside the formal education system.

According to UBOS Report (2024), **67%** of the Adolescents and Youth are out-of-school. Among those that are not in school, **9%** (females **11%** and males **7%**) never went to school, **44%** did not complete primary (51% in rural and **28%** in urban areas); **24%** completed primary; **15%**, **4%** and **3%** attained secondary education (urban **29%** and rural **9%**), vocational education and tertiary education respectively, UBOS (2024). A huge percentage of **51%** of adolescents and youth are not in employment or any education training (UBOS, 2024).

The National Youth Policy (2016) states that all young persons, female and male, aged 12 to 30, who go through great emotional, physical and psychological changes require societal support for a safe passage from adolescent to full adulthood, hence the need for targeted **OOSAY**-centric policies and frameworks.



1.2 Problem Statement

Out-of-school adolescents and youth (OOSAY) in Uganda lack structured and accessible health education and life skills, leaving them vulnerable to a range of social and health risks. Traditionally, extended families and community systems provided this essential guidance. However, these support structures have weakened over time due to rapid urbanization, socio-economic pressures, and shifting cultural norms. As a result, many OOSAY now rely on unregulated and often harmful sources of information such as commercial “sengas/kojjas” (aunties/uncles) and social media.

The COVID-19 pandemic further intensified the vulnerability of OOSAY by disrupting access to school-based support systems, increasing exposure to sexual exploitation, and limiting access to health education and life skills information. This contributed to a surge in unintended pregnancies, child marriages, and related health complications. Although the National Framework on Education for Health and Life Skills (2025) provides guidance for in-school youth, there are no national Guidelines or standardized materials for delivering health education and life skills to OOSAY. The absence of a coordinated and sustainable approach has led to fragmented efforts by various actors using unaccredited, unregulated and non-standardised materials, resulting in poor quality and limited reach of health education and life skills information.

Without urgent and deliberate action to establish and implement national Guidelines for OOSAY, Uganda risks escalating rates of teenage pregnancy, child marriage, gender-based violence, substance use and abuse, and youth crime. This not only threatens the well-being of OOSAY but also undermines the country’s potential to harness the demographic dividend for sustainable development.

1.3 Guidelines Development Process

The development of these Guidelines followed a highly consultative and participatory process. It involved a comprehensive review of international, regional, and national legal and policy frameworks relevant to health education and life skills for out-of-school adolescents and youth (OOSAY). This inclusive approach ensured that the Guidelines are grounded in cultural, religious, and community realities, and reflect the diverse voices and needs of stakeholders across Uganda.

Key stakeholders were engaged through individual consultations, validation meetings, and technical working sessions. Consultations were held with religious institutions such as the Church of Uganda, Uganda Muslim Supreme Council, Uganda Episcopal Conference (Roman Catholic Church), Orthodox Church, Seventh-Day Adventist Uganda Union, and the Born-Again Faith. Cultural institutions consulted included Buganda Kingdom, Busoga Kingdom, Bunyoro-Kitara Kingdom, Tooro Kingdom, Rwenzururu Kingdom, Inzu ya Bamasaaba, Adhola Chiefdom, Acholi Chiefdom, Lango Cultural institution, Teso Cultural Union, the Karamoja Elders Forum among others. In addition, input was obtained from Members of Parliament, Ministries, Departments and Agencies (MDAs), Civil Society Organizations (CSOs), and representatives of adolescents and youth.

QUOTES

"Spread the message of patriotism, teach your communities especially our young people the importance of every Ugandan adopting the spirit of allegiance, first to our nation and then to our people, right down to the grassroots. This will enable us all to work together, towards the socio-economic transformation of our homeland," The First Lady, Janet K. Museveni

"My young people, my children and grandchildren, what you need is to look after your health. Don't squander it by taking alcohol, smoking and obwamalaaya (prostitution). If your health is good, you can do a lot of things. I don't know what I would be if I did all that", President Yoweri K. Museveni

"Empowered young people can be key agents for development and peace", Mia Amor Mottley, Prime Minister of Barbados

"No woman can call herself free who does not own and control her body. No woman can call herself free until she can choose consciously whether she will or will not be a mother", Margaret Sanger

"The world is changing so fast that we can't do things the same way we did them yesterday. We need to come up with new innovations", Mondo Kyateka, Assistant Commissioner for Youth, Min.of Gender, Labour and Social Development

"A healthy population conduces to economic returns on health, breeding a productive workforce and robust economic growth", Patience Namanya, Coordinator Sexual Reproductive Health, MGLSD

"Our young people are our greatest natural resource. If we do not teach them the responsibilities of patriotism, we lose the future", Pearl S. Buck

"The hope of the nation is the youth of the nation. If we could have but one generation of properly born, trained, educated, and healthy young people, a thousand other problems of government would vanish", Herbert Hoover

"Health is not just about what you're eating. It's also about what you're thinking, saying and doing", Unknown

"It is easier to build strong young generations than to repair broken men (and women)", Frederick Douglass

"There is no health without mental health; mental health is too important to be left to the professionals alone. It matters to everybody", Vikram Patel

"A highly-developed values system is like a compass. It serves as a guide to point you to the right direction when you are lost", Idowu Koyenikan



2.0 SITUATION ANALYSIS

2.1 Status of Out of School Adolescents and Youth in Uganda

2.1.1 The population of adolescents and youth

The National Population and Housing Census Report 2024 underscores the fact that Uganda remains a country with predominantly young population. More than half (50.5%) are aged 17 and below, while those aged 18 to 30 years make up 22.7%, and the median age is 15.9 years (UBOS, 2024); therefore, there's need for Government's deliberate investment in the youth in order to harness the demographic dividend in health, education, and social services

2.1.2 Teenage Pregnancy and Child Marriage

Uganda's teenage pregnancy rate remains high at 25% (UDHS, 2022), meaning about one in four girls aged 15–19 years had given birth or were pregnant with their first child. Child marriage is still a significant challenge, with 32% of girls married before the age of 18 (UNICEF, 2024). On average, approximately 1,000 teenage pregnancies are reported daily, with 250 pregnancies monthly among girls below 15 years. These figures emphasize the urgency for National Guidelines for Health Education and Life skills and targeted interventions for out-of-school adolescents and OOSAY.

2.1.3 Maternal Health and Unsafe Abortions

The Uganda Demographic Health Survey 2022 indicated that Maternal Mortality stood at 189/100,000 live births in Uganda. A significant proportion (17.2%) of these maternal deaths were adolescents 15-19 years (UDHS, 2022). According to the National FY2023/2024 Annual Maternal and Perinatal Death Surveillance and Response (MPDSR) Report, over 10% of all maternal deaths reported were adolescents below 19 years and 25.2% are youth aged 20-24 years. Maternal deaths are as a result of pregnancy related complications which include; Haemorrhage/Bleeding, Post abortion complications, Hypertensive disorders, Pregnancy related sepsis among others which affect all pregnant adolescent and young girls.

Unsafe abortions remain a serious concern, often conducted in secrecy by young, unmarried girls due to stigma and lack of access to safe reproductive health services.

2.1.4 Mental Health

Recent mental health screenings in schools reveal that about 25% of adolescents experience conditions such as depression, anxiety, or trauma-related disorders (ADH Risk Behaviour Study, 2017). This points to a critical need for integrated mental health services within youth programs.

Substance use and abuse is on the rise, especially in urban and peri-urban areas. Around 71% of secondary school students have used alcohol or drugs at least once. Regular use stands at 40%, with alcohol (24.5%), cannabis (10.3%), khat (10.2%), and aviation fuel (9.8%) being the most commonly used substances (NEMA & MOH, 2024). This increasing crisis of mental health issues and substance abuse among adolescents significantly undermines their academic performance, increases absenteeism, and is a major contributing factor to increased sexual abuse, violence, school dropout, ultimately leading to a rise in the population of out-of-school adolescents and youth (OOSAY).

2.1.5 Nutrition

Malnutrition among adolescents persists, with stunted growth at 14.8% and anaemia affecting 30.7% of adolescents aged 10–19 (UNICEF, 2024). Micronutrient deficiencies, particularly in iron, iodine, and vitamin A, continue to impair adolescent growth and cognitive development.

2.1.6 HIV and STIs

Despite progress, HIV remains a major threat. The national prevalence is 4.9%, with youth aged 15–24 accounting for over 14,000 of the estimated 35,800 new infections annually (UAC, 2024). HIV prevalence among females (15–49) remains higher at 6.5% compared to 3.7% among males.

Sexually transmitted infections (STIs) are widespread; 33.5% of young women (15–24) report symptoms such as abnormal genital discharge, compared to 16.4% of men (MOH, 2024). Syphilis affects 1.4% of women and 1.1% of men in this age group.

2.1.7 Sexual Behaviour

Adolescents are increasingly sexually active by age 17. As of 2024, 31% of adolescents aged 15–19 report having engaged in sexual activity. Early sexual debut is often driven by peer pressure, exposure to explicit content online, and lack of adequate parental guidance. Condom use has marginally improved, with 46% of young women and 60% of young men using protection during their last non-marital sexual encounter (UDHS, 2022). Risky sexual behaviours, including having multiple partners, remain prevalent. Among youth, 3% of women and 14% of men reported having more than one partner in the past year. Alcohol consumption continues to be a key driver of risky sexual practices, often impairing judgment and reducing the likelihood of using protection or negotiating safer sex practices.

2.1.8 Special Needs

About 3% of youth (15–29 years) report difficulties in mobility, vision, or cognitive functions (UBOS, 2024). Girls with disabilities are particularly at risk of sexual abuse and face numerous barriers in accessing health services.

2.2 Existing interventions for adolescents and youth

The existing interventions include:

- Rehabilitation of children exposed to vulnerabilities
- Youth livelihood and skills training programmes
- Presidential Initiative on skilling the youth
- Parenting/caregivers programmes
- Integrated HIV clinics (where adults, adolescents and children are seen together on the same HIV clinic days at health facilities);
- Youth Friendly Corners (where special spaces earmarked for the provision of health information and services to the youth in health units);
- Community health outreaches for increasing HTS uptake among the youth
- Protection and Economic Empowerment Clubs (PEEC)
- Social Behavioural Change Communication Campaigns (SBCC) conducted through peer education, and use of electronic, print and social media
- Community events which serve as key approaches for reaching youth and adolescents include Commemoration of International, Regional, and National Days: (Day of the African Child, International Women’s Day, International Youth Day, International AIDS Day, etc);
- Recreational activities such as games and sports events including football matches, sponsored marathon events during which health education sessions can be conducted;
- Interactive drama and video shows carrying health message on risky sexual behaviours and their consequences
- Reporting, tracking and referral mechanisms for out-of-school adolescents and youths (SafePal, U-report, SAUTI)



2.3 Gaps in delivery of health education and life skills for OOSAY

Provision of health education and life skills services to the OOSAY are faced with a number of challenges that must be overcome:

- Unmet needs for family planning
- Low access to sexual and reproductive health information and services
- Poor adherence and limited access to HIV treatment
- Wide gap in specialised and super specialised areas like mental health
- Limited knowledge, skills, and negative attitude in provision of adolescents and youth responsive services
- Poor health-seeking behaviour
- Limited availability of adolescents and youth-friendly service points
- Limited skills in parenting and/or breakdown of the family systems
- Socio-cultural barriers restricting provision of adolescents and youth friendly services
- Religious doctrinal restrictions that hinder the provision of certain adolescent- and youth-responsive services—such as family planning—to non-married adolescents and youth.
- Inadequate access to services for adolescents and youth with special needs
- Inadequate interventions to prevent and respond to GBV/VAC
- Inadequate interventions to improve the soft skills of the OOSAY

“
**"A healthy
outside
starts from
the inside."**
”

Robert Urich

3.0 POLICY AND LEGAL FRAMEWORKS ASSOCIATED WITH HEALTH EDUCATION AND LIFE SKILLS

3.1 International, Regional and National Policy and Legal Frameworks

The National Guidelines on Health Education and Life Skills for the Out-of-School Adolescents and Youth are anchored on the following policy and legal frameworks:

International	Regional
1) Universal Declaration of Human Rights (1948),	1) The African Charter on Human and People's Rights (1981),
2) International Covenant on Civil and Political Rights (1966),	2) The African Charter on Rights and Welfare of the Child (1990),
3) International Covenant on Economic, Social and Cultural Rights,	3) The Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (2003),
4) Convention on the Elimination of All Forms of Discrimination against Women (1979),	4) The Continental Policy Framework for Sexual and Reproductive Health and Rights (2005),
5) Convention of the Rights of the Child (1989),	5) Plan of Action on Sexual and Reproductive Health and Rights (2006),
6) International Conference on Population and Development (1994),	6) African Youth Charter (2006),
7) General Comment No 4 on Adolescent health and development in the context of the Convention on the Rights of the Child (2003),	7) General Comments on Article 14 (1) (d) and (e) of the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (2012),
8) General Comment No 20 on the Implementation of the Rights of the Child during Adolescence (2016),	8) General Comment No 2 on Article 14.1 (a), (b), (c) and (f) and Article 14. 2 (a) and (c) of the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (2014),
9) Framework of actions for the follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014,	9) The Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage (2016),
10) Joint General Recommendation No 31 of the Committee on the Elimination of Discrimination against Women/ General Comment No 18 of the Committee on the Rights of the Child on harmful practices (2014)	10) The African Union Continental Strategy on Education, Health, and Well-being, 2023.
11) Agenda 2030	11) AU Agenda 2063.



3.2 National Laws and Policies

Laws	Policies, Strategies and Guidelines
1) The 1995 Constitution of the Republic of Uganda,	1) The Uganda Vision 2040,
2) The Children Act Cap 59 as amended 2016,	2) National Development Plan III,
3) The Penal Code Act (Cap 120) as amended,	3) The Second National Health Policy
4) The Domestic Violence Act, 2010	4) Health Sector Development Plan 2014/15-2019/2020
5) The Prohibition of Female Genital Mutilation Act, 2010	5) Uganda Minimum Health Care Package, 2024
6) The Prevention of Trafficking in Persons Act, 2009	6) Reproductive, Maternal, Newborn, Child, Adolescent and Healthy Aging – sharpened Plan and Investment Case II 2022/23-2026/27.
7) The Employment Act 2006,	7) The National Policy Guidelines and Service Standards for Sexual and Reproductive Health Rights 2012,
8) The Public Health Act,	8) National Framework on Education for Health and Life Skills (2025)
9) The HIV and AIDS Prevention and Control Act 2014,	9) National Family Planning Costed Implementation Plan 2015-2020,
10) The Narcotics Drug and Psychotropic Substances (Control) Act No.3 of 2016	10) Adolescent Health Policy Guidelines and service standards 2012,
11) The National Drug Policy and Authority Act Cap 206,	11) Food and Nutrition Policy 2003,
12) The Local Government Act Cap 243 as amended,	12) National Strategy to end child marriage and teenage pregnancy 2014/15 – 2019/20,
13) The Ministry of Health Patient Charter,	13) Guidelines for Prevention, Mitigation and Management of HIV and Teenage/Unintended Pregnancy in School Settings of Uganda (2014),
14) The Mental Health Act, 2018	14) Sexual and Gender Based Violence Policy 2016 (Under review),
	15) National Plan of Action on Gender Based Violence and Violence Against Children (2019),
	16) Parenting Guidelines 2018
	17) National Youth policy 2016
	18) National Guideline on Self-care Interventions for Health and Wellbeing, October 2024



4.0 GOAL AND OBJECTIVES

4.1 Goal

To empower out-of-school adolescents and youth in Uganda by enhancing their access to values-based integrated health education and life skills programs.

4.2 Objectives

The objectives of the Guidelines include the following:

1. To build the capacity of OOSAY in making values-based responsible life-choices pertaining to their sexual and reproductive health.
2. To enhance the capacity of actors in the community to provide Health education and life skills to the out-of-school adolescents and youth.
3. To integrate sexual and reproductive health services and information in government and non-government programmes for out-of-school adolescents and youth.
4. To strengthen the capacity of institutions, human resource and systems to deliver sexual and reproductive health services to the OOSAY.

5.0 JUSTIFICATION

According to the National Population and Housing Census 2024, Uganda has about 73.2% of its population between the ages 0-30 years. This youthful population, when well harnessed, provides an opportunity and asset for accelerating and sustaining economic growth and transformation as envisaged in the Uganda Vision 2040.

The Fourth National Development Plan (NDPIV) under the Human Capital Development program provides for increasing access to SRH with special focus on family planning services and harmonized information. NDPIV prioritizes access to HIV prevention and management programs for adolescent boys and girls as a key strategic action. It further commits to scaling up provision and rolling out of health education and life skills for OOSAY. The NDPIV further provides for an action to develop and implement a set of values-based interventions to reduce teenage pregnancies in the Country. The National Youth Policy (2016), the National Child Policy (2020), the Second National Health Policy (2010), provide holistic access to health education and life skills services for the OOSAY.

The Guidelines, therefore, seek to create an overarching national direction for providing health education and life skills in Uganda. Health education and life skills are essential in equipping OOSAY with information about growth and development, facilitating them to make healthy choices. By doing so, the OOSAY will be able to take informed values-based decisions affecting their growth and development thereby contributing to the relevant human resource stock necessary for socio-economic transformation of the Country.

5.1 Target groups

5.1.1 Primary Target

The out-of-school adolescents and youth (8-30 years). These Guidelines will address OOSAY; those who have never been to school and the dropouts of school, regardless of their ethnicity, religion, mental health, physical ability and socio-economic status, residing in rural and urban areas, including those living in slums, streets or under confinement.

5.1.2 Secondary Target

The secondary target groups include parents, families, religious, cultural, and communities in which the OOSAY live, non-state actors and duty bearers.

5.2 Principles Underlying health education and life skills to OOSAY

1. **God-fearing:** Religious values provide the compass of what is to be taught on matters of health education and life skills.
2. **Cultural conscientization:** Ensure that cultural values and norms are promoted while the negative local and foreign practices are discouraged.
3. **Central Role of Family and Parents:** Recognize the family as the primary setting for nurturing life skills and values, with parents or guardians serving as the foremost educators and caretakers of their children while positioning other stakeholders as complementary—rather than substitutive—to the parental role.
4. **Right to age-appropriate health education and life skills services by OOSAY:** Ensure that the rights holder upholds his/her rights with responsibility and in accordance with the Country's values.
5. **Preparedness, Response and Rehabilitation of OOSAY:** Empower the OOSAY to be better (a) prepared to prevent and protect themselves, (b) able to immediately respond, mitigate and get desired relief when they are infected, abused, caught up in unplanned/teenage pregnancy situation and (c) able to embark on recovery and rehabilitation of themselves to reduce the long-term effects of such dangerous sexual experiences and return to educational track
6. **Adherence to laws and other policies:** Align interventions to laws, national policies and global commitments e.g. Sustainable Development Goals (SDGs)
7. **Institutional safeguarding:** Ensure the safety and security of OOSAY at all times in whichever environment they are being provided health education and life skills.
8. **Collective Support:** Promote peer-to-peer and community support to strengthen engagement and shared learning.
9. **Multi-sectoral Collaboration and Partnership:** Interventions for out-of-school adolescents and youth should be delivered through coordinated partnerships with various stakeholders.

5.3 Values

The following Religious, Cultural, Ethical Values and Norms will be observed in the delivery of health education and life skills to the OOSAY:

5.3.1 Religious values

- 1) Protection of life from conception
- 2) Respect for family life and offspring
- 3) Love for God, self, and others
- 4) Honesty, truthfulness, and integrity
- 5) Purity and Morality
- 6) Virginity and faithfulness
- 7) Responsibility and Self-control
- 8) Faith, Hope, and Contentment
- 9) Patience and Perseverance
- 10) Justice, peace and reconciliation
- 11) Unity

5.3.2 Cultural values

- 1) Cultural identity
- 2) Honesty and Integrity
- 3) Reverence for the sanctity of life
- 4) Respect
- 5) Love and Care for others
- 6) Solidarity
- 7) Morality
- 8) Forgiveness
- 9) Justice and reconciliation
- 10) Ubuntu (humanity to others)
- 11) Peace and reconciliation

5.3.3 National ethical values and norms for the Republic of Uganda

- 1) Respect for humanity and environment
- 2) Honesty, upholding and defending the truth at all times
- 3) Justice and fairness in dealing with others
- 4) Hard work for self- reliance
- 5) Integrity, moral uprightness and sound character
- 6) Creativity and innovativeness
- 7) Social responsibility
- 8) Social harmony
- 9) National unity
- 10) National consciousness and patriotism

5.4 Life Skills

World Health Organisation outlines ten core life skills as follows:

1. **Self-awareness:** This includes recognition of the self, our character, our strengths and weaknesses, desires, and dislikes.
2. **Empathy:** This is the ability to imagine what life is like for another person. Empathy can help us to accept others, who may be very different from ourselves.
3. **Critical Thinking:** This is the ability to analyse information and experiences in an objective manner. Critical thinking can contribute to health by helping us to recognize and assess the factors that influence attitudes and behaviour, such as values, peer pressure, and the media.
4. **Creative Thinking:** This is a novel way of seeing or doing things that are characteristic of four components – fluency (generating new ideas), flexibility (shifting perspective easily), originality (conceiving of something new), and elaboration (building on other ideas).
5. **Decision Making:** This helps us to deal constructively with decisions about our lives. It can teach people how to actively make decisions about their actions in relation to the health assessment of different options and, what effects these different decisions are likely to have.
6. **Problem Solving:** It involves breaking a problem down into its component parts, thinking about possible solutions, and then choosing the best one. Problem-solving is an important skill for everyone because it helps us identify and solve problems in our lives, work, and communities.



7. **Interpersonal Relationship:** This helps us to relate in positive ways with the people we interact with. It may mean keeping, good relations with family members, which are an important source of social support. It may also mean being able to end relationships constructively.
8. **Effective Communication:** This means that we are able to express ourselves, both verbally and non- verbally, in ways that are appropriate to our cultures and situations. It means being able to express opinions and desires, and also needs and fears.
9. **Coping with Stress:** Stress is the core factor in physical, mental, and emotional disease. Discovering how unconscious physical, mental, and emotional habits create stress, aging, addiction, and disease, through awareness and simple lifestyle changes reclaiming youthful vitality, joy, and well-being.
10. **Coping with Emotions:** When we are feeling fearful, angry, or depressed it is a sure sign that our thoughts have become negative and dysfunctional. Developing this awareness and making the decision to eliminate negative thinking can be dramatically life-changing.

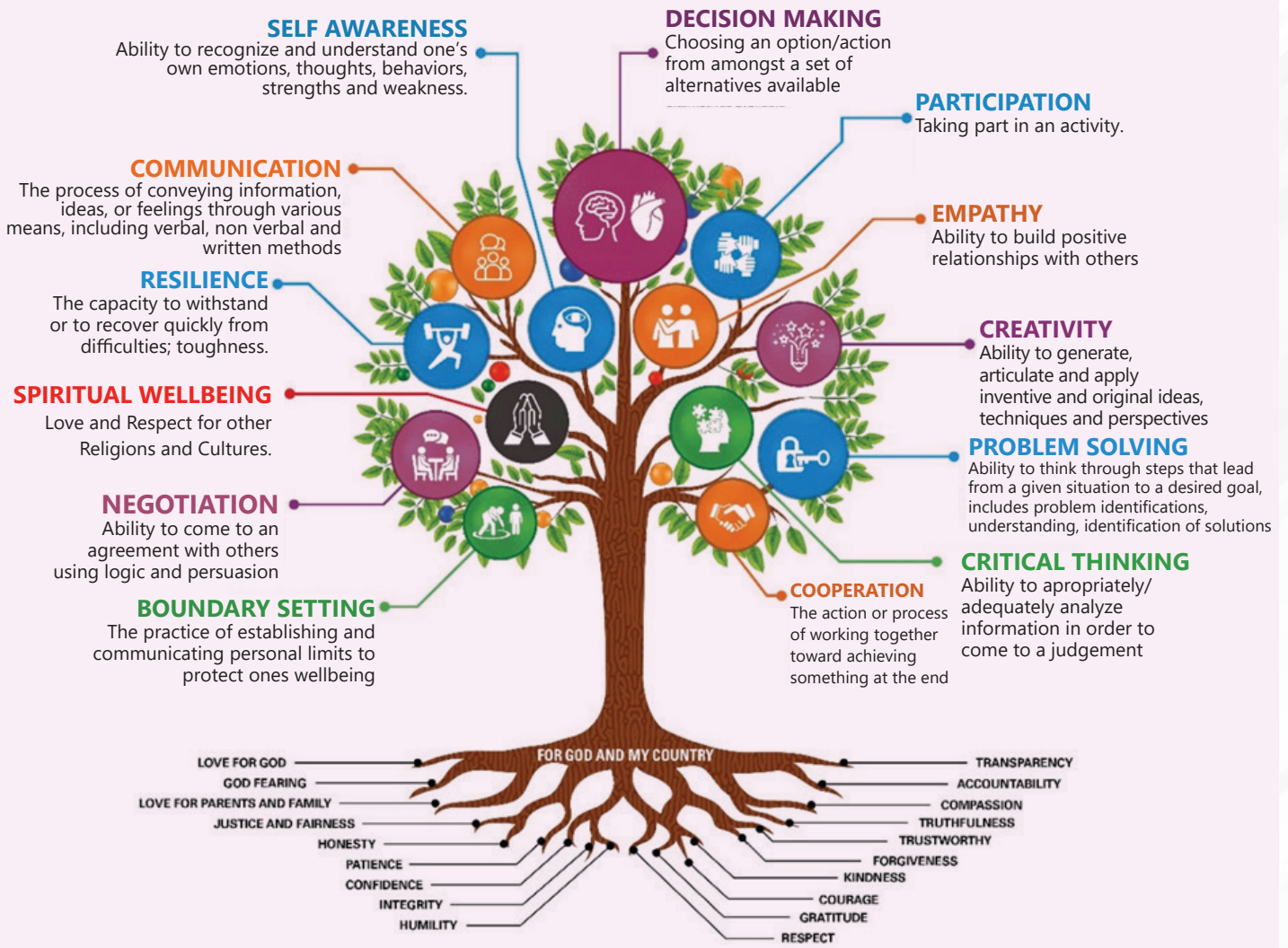
However, these have been localized to suit Uganda’s context by including more skills required by the adolescents and youth.

LIFE SKILLS	
	1. Analysing the media
	2. Assertiveness
	3. Conflict resolution
	4. Coping with emotions
	5. Coping with stress
	6. Help-seeking behaviour
	7. Innovation, and critical thinking
	8. Decision making
	9. Effective communication
	10. Effective negotiation
	11. Goal setting
	12. Health-seeking behaviour
	13. Journalising

	14. Leadership
	15. Problem solving
	16. Refusal skills
	17. Parenting skills
	18. Resisting peer pressure
	19. Self-awareness
	20. Self-control
	21. Self defence
	22. Self-worth/esteem
	23. Soft skills – workplace/employability
	24. Time management
	25. Physical exercise
	26. Inter-personal skills



UGANDA'S VALUES AND LIFE SKILLS TREE



6.0 THEMES, TOPICS, SUB-TOPICS/MESSAGE DEVELOPMENT AND OUTCOMES FOR OOSAY

The out-of-school adolescents and youth face unique challenges that limit their access to accurate information and services on health education and life skills. To respond to these challenges, themes have been identified and a set of topics developed. These topics are designed to address the specific needs of OOSAY and support them in making informed, values-based decisions. Each topic is accompanied by age-appropriate sub-topics, practical messages, and key facts drawn from scientific evidence, local experiences, and promising practices. Together, these form a holistic guide for equipping OOSAY with relevant knowledge and skills to thrive in their communities.

TARGET GROUP FOR OOSAY GUIDELINES BROAD CATEGORIES OF OOSAY		
AGE GROUP		JUSTIFICATION
1.	8-12 Young adolescence	<ul style="list-style-type: none"> Some boys and girls had started puberty e.g. some girls started menstruating and boys experience wet dreams Many had dropped out school or did not attend school at all
2.	13-16 Adolescence	<ul style="list-style-type: none"> High teenage pregnancy Many had dropped out of school or never attended school at all
3.	17-24 Young adults	<ul style="list-style-type: none"> Increasing dependence Increasing access to services
4.	25-30	<ul style="list-style-type: none"> Search for lifetime and marriage partners and work High fertility rate Many had dropped out of school or never attended school at all

Theme	Topics	Sub-topics/message development	Age category	Outcome
Key Theme 1: Growth and Human development	1. Human Reproduction	Promoting protective measures among sexually active OOSAY	15-19, 20-24, 25-30	Increased awareness of the physical and emotional changes that occur during puberty in both males and females.
		Abstinence until marriage	8-14, 15-19, 20-24, 25-30	Increased self-awareness and self-esteem
		Communication among adolescents and youth about reproductive health information and services	8-14, 15-19, 20-24, 25-30	Increased parents' engagement with OOSAY on growth and development
		Communication between adults (caretakers, parents) and adolescents and youth about reproductive health information and services	8-14, 15-19, 20-24, 25-30	
		Male reproductive anatomy and physiology Female reproductive anatomy and physiology	8-14, 15-19, 20-24, 25-30	



Theme	Topics	Sub-topics/message development	Age category	Outcome	
Key Theme 2: Healthy and unhealthy relationships (friendships)	2. General hygiene and Menstrual hygiene management	Menstrual cycle	8-14, 15-19	Improved menstrual health management practices	
		Menstrual management (Sanitary materials, use and disposal, dos & don'ts, nutrition, WASH, hygiene, coping with challenges)	8-14, 15-19, 20-24, 25-30	Increased awareness, support and participation of boys and men in MHM	
		Roles of boys and men in menstruation hygiene management	8-14, 15-19, 20-24, 25-30		
	3. Importance of ANC, labour, delivery & Postnatal Care.	ANC attendance (at least 8 contacts, Danger signs during pregnancy) Health facility-based delivery Postnatal care services Childbirth and parenting	8-14, 15-19, 20-24, 25-30	Unintended pregnancies reduced Increased ANC contacts Increased deliveries under skilled health care providers	
			safe breastfeeding corners at the work places	18-30	Improved knowledge and attitudes toward puberty and bodily changes
			Male engagement in maternal care	15-19, 20-24, 25-30	
		4. Post abortion care (PAC)	Complications associated with abortion Post abortion care services	15-19, 20-24, 25-30	
	5. Body changes, puberty and respect for my body	Physical, emotional and cognitive body changes.	8-14, 15-19, 20-24		
		Wet dreams	8-14, 15-19		
		Myths and misconceptions	8-14, 15-19, 20-24, 25-30		
	6. Parenting	Effective communication with adolescents and youth	15-19, 20-24, 25-30	Improved parent–OOSAY communication and engagement	
		Quality time with OOSAY	8-14, 15-19, 20-24, 25-30	Strengthened family cohesion	
		Goal setting	8-14, 15-19, 20-24, 25-30	Increased use of positive discipline and psychosocial support by caregivers	
Appropriate relations with extended family members		8-14, 15-19, 20-24, 25-30			
Positive disciplining		8-14, 15-19, 20-24, 25-30			
Psychosocial support		8-14, 15-19, 20-24, 25-30			
OOSAY roles and responsibilities		8-14, 15-19, 20-24, 25-30			
7. Unacceptable Sexual Behaviours	Forms of unacceptable sexual behaviours	8-14, 15-19, 20-24, 25-30	Reduced prevalence of unacceptable sexual behaviors		
	Drivers of unacceptable sexual behaviours Dangers of unacceptable sexual behaviours Prevention of unacceptable sexual behaviour		Increased awareness of the drivers and consequences of unacceptable sexual behaviors Strengthened capacity of communities to identify and respond to unacceptable behaviors		

Theme	Topics	Sub-topics/message development	Age category	Outcome
	8. Relationships	Types of Love (versus Lust) Social asset building and networking	15-19, 20-24, 25-30	Increased number of OOSAY engaged in healthy relationships. Expanded social networks and peer support systems for OOSAY
		Good versus bad relationships Conflict resolution and management	18-30 8-14, 15-19, 20-24, 25-30	Improved conflict resolution skills and power balance in relationships
		Preparing for life time relationship Courtship, marriage, and family Power relations	18-30	Enhanced understanding of love, courtship, and commitment
	9. Marriage and family	Identification of marriage partner	18-30	Improved decision-making among OOSAY on marriage and family planning
		Choice of when to have children and how many		Increased uptake of reproductive health information and services
		Conflict resolution and management		Enhanced conflict management skills
		Financial management		Enhanced financial literacy
	10. Faithfulness among married youths	Self-care Love and mutual respect Importance of intimacy and conjugal responsibility	18-30	Increased self-care Strengthened commitment to fidelity, mutual respect, and intimacy
		11. Prevention of unintended pregnancy, forced and child marriage		Abstinence Pregnancy prevention information Information on pre-conception
	Family planning		18-30	Reduced rates of unintended pregnancies and child marriages
	Linkage and referral services		8-14, 15-19, 20-24, 25-30	Strengthened referral and linkage systems for SRH information and services targeting OOSAY.
Key Theme 3: Life Skills and keeping safe	12. Life skills education	Knowing and living with one self	8-14, 15-19, 20-24, 25-30	Increased self-awareness and utilization of individual talents and strengths
		Knowing and living with others Effective decision making		Improved resilience and critical thinking Unintended injuries Reduced
	13. Cultural norms and practices	Family chores, roles and responsibilities	8-14, 15-19, 20-24, 25-30	Child and forced marriages reduced
		Mentorship and coaching of boys and girls	8-14, 15-19, 20-24, 25-30	Harmful cultural practices and norms discouraged
		Inheritance and property rights of women and orphans	15-19, 20-24, 25-30	Reduced incidences of SGBV
		Cultural norms and practices	8-14, 15-19, 20-24, 25-30	Improved mutual respect across cultures
		Cultural co-existence	8-14, 15-19, 20-24, 25-30	
	14. Sexual abstinence and faithfulness	Abstinence, no sex before marriage	8-14, 15-19, 20-24, 25-30	Increased number of OOSAY who abstain from sex
		Faithfulness to partner	18-30	Improved family stability Reduced cases of divorce and separation



Theme	Topics	Sub-topics/message development	Age category	Outcome
	School re-entry and support	Awareness and support to go-back to school programs	8-14, 15-19, 20-24, 25-30	Increased national re-enrolment rates of OOSAY
		Counselling to OOSAY	8-14, 15-19, 20-24, 25-30	Strengthened systems for tracking and supporting OOSAY returnees to ensure retention and completion
		Reintegration into family and school	8-14, 15-19, 20-24, 25-30	Enhanced national awareness of alternative learning pathways and re-entry policies among OOSAY and their caregivers.
		Edutainment/infotainment	8-14, 15-19, 20-24, 25-30	Improved multisectoral coordination of go-back-to-school initiatives across sectors Increased number of trained counsellors and safe spaces accessible to OOSAY at community level. Strengthened family and community support systems facilitating successful reintegration of OOSAY into school and family settings. Reduced stigma and discrimination faced by OOSAY returnees, particularly girls re-entering after pregnancy. Broadened national use of edutainment and infotainment platforms to deliver accurate, age-appropriate life skills and health information. Increased engagement of OOSAY in interactive media campaigns
Non-formal education		Vocational skills training	15-19, 20-24, 25-30	Increased participation of OOSAY in structured non-formal education programs. Enhanced recognition of non-formal education pathways for transition into formal learning and employment.
		Information and opportunities on soft skills	8-14, 15-19, 20-24, 25-30	Increased access of OOSAY to certified vocational and technical training programs. Improved employability of OOSAY through demand-driven vocational competencies. Strengthened soft skills among OOSAY for improved interpersonal, communication, and problem-solving capabilities. Increased integration of soft skills training into OOSAY empowerment programs nationwide.
		Talent identification, development and promotion	8-14, 15-19, 20-24, 25-30	Enhanced national platforms for identifying and nurturing OOSAY talents across various sectors. Improved support mechanisms for promoting talents as alternative pathways to employment and livelihood.



Theme	Topics	Sub-topics/message development	Age category	Outcome
		Games and sports for OOSAY	8-14, 15-19, 20-24, 25-30	Expanded participation of OOSAY in organized sports and recreational programs. Improved physical and mental wellbeing of OOSAY through inclusive sports initiatives.
	Skills, employability and employment	Unemployment and underemployment Employment opportunities, Decent work environment	15-19, 20-24, 25-30	Reduced OOSAY unemployment and underemployment through targeted skills programs. Increased access to job matching, career guidance, and placement services for OOSAY.
		Access to productive resources	15-19, 20-24, 25-30	Strengthened linkages between training institutions and the labour market to promote decent employment.
		Work ethics	15-19, 20-24, 25-30	Increased number of OOSAY employed in safe, secure, and fair work environments.
		Support capacity building initiatives	15-19, 20-24, 25-30	Increased access of OOSAY to productive assets such as land, tools, and capital.
		Advocacy for disability relevant adjustment in the workplace	15-19, 20-24, 25-30	Strengthened partnerships to support OOSAY in leveraging available economic opportunities.
		Transition from school to workplaces through internships, mentorships, professional socialization for entry into employment	18-30	Increased government and stakeholder investment in OOSAY capacity development programs.
		Apprenticeship and work-based learning	18-30	Strengthened institutional capacity to deliver OOSAY-targeted skills and mentorship programs.
	Innovation, creativity and entrepreneurial skills	8-14, 15-19, 20-24, 25-30	Enhanced inclusive policies and infrastructure in workplaces to support OOSAY with disabilities. Strengthened national internship, coaching and mentorship, and apprenticeship frameworks for OOSAY. Increased number of OOSAY accessing structured work-based learning opportunities. Strengthened innovation hubs and incubation centers for OOSAY-led enterprises. Increased self-employment through promotion of creativity and entrepreneurship.	
	Financial literacy	Saving and investment	8-14, 15-19, 20-24, 25-30	Improved access to OOSAY-friendly saving platforms and investment schemes.
		Managing finances	15-19, 20-24, 25-30	Strengthened capacity of OOSAY to budget and manage personal and business finances.
		Access to financial services	18-30	
		Negotiations	18-30	
Debt management		18-30	Increased access to credit, banking, and insurance services tailored to OOSAY needs. Improved negotiation and debt management skills among OOSAY for financial resilience.	



Theme	Topics	Sub-topics/message development	Age category	Outcome
	15. Violence and abuse/VAC	Awareness on SGBV (forms, prevention, response, consequences)	8-14, 15-19, 20-24, 25-30	Increased national awareness on forms, consequences, and prevention of SGBV.
		Care and Support for SGBV.	8-14, 15-19, 20-24, 25-30	Strengthened referral and support systems for survivors of SGBV among OOSAY.
		Empowerment for adolescents and youth. (Social, economic)	8-14, 15-19, 20-24, 25-30	Improved social and economic empowerment programs targeting vulnerable OOSAY.
		Access to counselling and rehabilitation programs	8-14, 15-19, 20-24, 25-30	Strengthened OOSAY-led initiatives addressing harmful gender norms and practices.
		Gender concepts (gender equality, gender equity, stereotypes, male engagement and empowerment, women empowerment)	8-14, 15-19, 20-24, 25-30	Increased access to trauma-informed counselling and rehabilitation services for affected OOSAY.
		Gender roles and responsibilities	8-14, 15-19, 20-24, 25-30	Improved understanding and application of gender concepts in OOSAY programs.
		Access to justice	8-14, 15-19, 20-24, 25-30	Strengthened legal aid and justice services for OOSAY experiencing rights violations.
		Addressing positive masculinities	8-14, 15-19, 20-24, 25-30	Promotion of positive masculinities and gender-equitable behaviours among boys and men.
		Gender responsive budgeting	8-14, 15-19, 20-24, 25-30	Increased compliance for gender responsive budgeting
	16. Orienting and re-training in-service staff	Refresher courses Coaching and mentorship and support supervision Experience/good practice documentation and sharing	8-14, 15-19, 20-24, 25-30	Increased knowledge and skills of service providers on OOSAY-friendly services. Increased utilisation of standardized training curricula and materials.
	17. Continuous professional development	Curriculum/training material development	8-14, 15-19, 20-24, 25-30	
	18. Training on delivery of OOSAY-responsive services	Promoting OOSAY-responsive services	8-14, 15-19, 20-24, 25-30	Increased capacity of service points to deliver OOSAY-responsive services.
Key Theme 4: Health and wellbeing	19. Care & Support of people living with HIV	Awareness on ART as prophylaxis Living positively with HIV Stigma and discrimination Psycho-social, economic, educational and socio-cultural support Family and community support for PLWHIV Access to voluntary HIV testing, treatment, care and support services.	8-14, 15-19, 20-24, 25-30	Increased access and utilisation of ART Reduced stigma towards PLWHIV Prevalence of HIV reduced Reduction in new HIV infections among OOSAY Enhanced access to nutritional services for PLWHIV.
		Access to pre & post-exposure prophylaxis (PEP) Safer sex among discordant couples	15-19, 20-24, 25-30	
		Prevention and treatment of Opportunistic infections Proper nutrition	8-14, 15-19, 20-24, 25-30	
	20. Prevention and Treatment of STIs	STIs and UTIs counselling, diagnosis and treatment Prevention of STIs and UTIs Male engagement	8-14, 15-19, 20-24, 25-30	Increased awareness, prevention, and early treatment of STIs and UTIs among OOSAY. Increased male engagement in STI prevention and care services.

Theme	Topics	Sub-topics/message development	Age category	Outcome
	21. Prevention of HIV and AIDS	Basic facts about HIV and AIDS disease Integrated HIV and AIDS prevention and services Psychosocial support Community engagement Safe Medical Male Circumcision Practices that place adolescents and youth at risk for HIV Transmission and how to address them Policy and Laws affecting access and utilization of HIV and AIDS services Adherence to treatment Linkages and referral	8-14, 15-19, 20-24, 25-30	Strengthened community engagement in integrated HIV prevention and service delivery for OOSAY. Increased uptake of HIV prevention services including Safe Medical Male Circumcision and behavioural risk reduction. Improved psychosocial support and adherence to HIV and AIDS treatment among OOSAY.
	22. Mental health	Mental health and wellbeing	8-14, 15-19, 20-24, 25-30	Increased awareness on mental health and wellbeing among OOSAY.
	23. Drug and substance use	Risks of drugs and substance use Resilience	8-14, 15-19, 20-24, 25-30	Increased access to community-based mental health services tailored to OOSAY. Reduced stigma towards mental disorders
	24. Stress management	Anger management Counselling		
	25. Depression, Anxiety, Hysteria	Psychosocial support Sports, recreational activities Available mental health services		Reduced drug and substance use among OOSAY Increased participation in structured sports, recreational, and mental health support services for at-risk OOSAY. Enhanced life skills for managing stress, emotions, and personal challenges among OOSAY.
	26. Referral and rehabilitation			Strengthened referral pathways and access to therapy and counselling for OOSAY experiencing mental health challenges. Strengthened national and community-based referral systems for holistic health and psychosocial rehabilitation of OOSAY.



Theme	Topics	Sub-topics/message development	Age category	Outcome
Key Theme 5: Responsible Citizenship	1. Community and National identity	<ul style="list-style-type: none"> Personal vs. Collective Identity National Symbols: The significance of the Flag, Anthem, Coat of Arms, and Currency. 	8-14, 15-19, 20-24, 25-30	<ul style="list-style-type: none"> National Identity Knowledge of Uganda's uniqueness Leadership principles Patriotism Environmental ethics Integrity Responsibility and duty Accountability Voluntarism Respect for the law and opinions of others Time Management
	2. Culture, values, history, Citizen rights, and responsibilities	<ul style="list-style-type: none"> Honesty, justice, hard work, equality, and equity. Evolution of Uganda and key milestones. Obeying laws, paying taxes and respecting the rights of others. 	8-14, 15-19, 20-24, 25-30	
	3. Patriotism	<ul style="list-style-type: none"> Love and Loyalty to Country. Willingness to defend the country when needed. Contributing personal skills and knowledge to national development. Respect for national symbols and State Institutions 	8-14, 15-19, 20-24, 25-30	
	4. Leadership	<ul style="list-style-type: none"> Qualities of a good leader Promoting the common good over personal interests. 	8-14, 15-19, 20-24, 25-30	
	5. Civic awareness, engagement and social responsibility	<ul style="list-style-type: none"> Active Citizenship, Civic Awareness, Engagement, Social Cohesion and Social Responsibility Responsible behavior in digital spaces and awareness of global interconnectedness. 	8-14, 15-19, 20-24, 25-30	
	6. Environmental Stewardship	<ul style="list-style-type: none"> Conserving resources and protecting ecosystems for current and future generations. Ethics of Care on the environment. Impact of Environmental health on community welfare 	8-14, 15-19, 20-24, 25-30	

7.0 USING THE GUIDELINES

This section outlines how these Guidelines will be implemented across various settings to reach out-of-school adolescents and youth (OOSAY) with health education and life skills. It defines the delivery spaces, the responsible actors, and coordination mechanisms necessary to ensure effective, inclusive, and sustainable programming. Recognizing that OOSAY are found in multiple environments, the delivery of health education and life skills must be strategic, holistic, and context-specific.

The Guidelines aim at strengthening collaboration among key government institutions, development partners, civil society organizations, community actors, and private sector players to ensure harmonized implementation across the country. The Ministry of Gender, Labour and Social Development (MGLSD) will take the lead in ensuring that these efforts are aligned with global, regional, and national priorities while promoting accountability and multisectoral coordination.

7.1 Primary Stakeholders for the Guidelines

7.1.1 Ministry of Gender Labour and Social Development

The MGLSD is the parent ministry for implementing these Guidelines. Hence it will:

- Promote awareness and integrate health education and life skills concerns among the different departments within the Ministry and the public
- Advocate for the elimination of cultures, norms and practices that violate OOSAY rights and affect health education and life skills.
- Deliver non-formal vocation skills to adolescents and youth
- Ensure that gender, values and life skills are mainstreamed in all programmes on health education and life skills.
- Advocate for increased resource allocation for health education and life skills related programmes at all levels.
- Provide disaggregated relevant age/gender data to the technical committee on OOSAY and other MDAs
- Review and approve manuals and materials on health education and life skills for OOSAY by CSOs in close collaboration with religious and cultural institutions; this will enhance ownership and prevention of misrepresentation of the government's position on health education and life skills
- Advocate and provide the relevant IEC materials for OOSAY with disabilities and/or have special needs.
- Strengthen capacity of media on health education and life skills issues so that they can produce appropriate materials, use participatory methodologies, and comfortably discuss issues related to health education and life skills with OOSAY
- Support research and sharing of information on health education and life skills in the sector
- Monitor performance on the implementation of the Guidelines and associated policies



At the local government level, the frontline staff of the sector will play a big role. This includes;

- a) Chief Administrative Officer (CAO),
- b) District Community Development Officer (DCDO),
- c) Community Development Officer (CDO),
- d) Parasocial Workers,
- e) Village Health Teams (VHTs).

In particular, these and other service workforce will ensure that these Guidelines and other related policies and standards are adhered to in the delivery of health education and life skills to OOSAY.

7.1.2 Faith Institutions

The key religious institutions in Uganda consist of Church of Uganda (CoU), Episcopal Conference (Roman Catholic Church), Uganda Orthodox Church (UOC), Uganda Muslim Supreme Council (UMSC), Seventh-Day Adventist Uganda Union (SDAUU) and Born-Again Faith in Uganda (BAF). The religious institutions greatly contribute and influence national policy formulation and implementation especially in regard to moral aspects and mind-set change hence their active involvement in this Guidelines development process.

Clergy (e.g. priests, pastors, imams) have a unique role in supporting health education and life skills among the out-of-school adolescents and youth because they have a voluntary congregation under their respective denominations.

In general, the religious leaders are critical players in shaping moral and ethical view points and are:

- a) strategic in terms of suggesting what is right, wrong, and acceptable or an abomination to their followers
- b) vested with power, authority and influence,
- c) held in high esteem by governments and NGOs
- d) regarded as trustworthy and respectable members of the community, with the tendency that quite often their pronouncements are taken to be as gospel truth.

Thus, faith institutions will be expected to play the following roles:

- Ensure that religious leaders are trained on the key aspects of health education and life skills among OOSAY
- Advocate premarital counselling for couples
- Provide the right health education and life skills that is most relevant to their faith
- Be able to refer OOSAY to appropriate health education and life skills services providers
- Ensure that the physical and human resources that they have can be harnessed to provide health education and life skills and related services to the OOSAY;
- Use existing structures to address issues that relate to providing health education and life skills to OOSAY.

7.1.3 Cultural Institutions

Culture plays a pivotal role in shaping people's attitudes, beliefs, and behaviours. In Uganda, the Policy on Culture recognizes the importance of safeguarding and transmitting cultural expressions—including language, oral traditions, performing arts, music, festivals, rituals, social practices, traditional craftsmanship, and indigenous knowledge—across generations. Every Ugandan community is rooted in a cultural institution that contributes to its unique heritage.

Culture provides individuals with a sense of identity and belonging, grounding them in shared history and values. In the context of implementing Guidelines on values-based, health education and life skills, cultural institutions are expected to promote positive cultural norms, taboos, values, and traditional justice systems. They will also play a key role in reinforcing appropriate moral guidance, social practices, and community-based sanctions that support the wellbeing and development of out-of-school adolescents and youth (OOSAY).

7.1.4 Families

The family comprising of parents, guardians, siblings, aunties, uncles, and elders is the foundation of the community and the cornerstone of society. It holds the primary responsibility for nurturing and equipping out-of-school adolescents and youth (OOSAY) with appropriate health education and essential life skills. Families also play a vital role in promoting and preserving the extended family system, which offers additional layers of support, guidance, and social connection for OOSAY.

7.1.5 Out-of-school Adolescents and Youth

Out-of-school adolescents and youth will actively participate in all stages of implementing health education and life skills programs including problem identification, planning, design, execution, monitoring, and evaluation. Their meaningful participation is essential to ensure relevance, ownership, and sustainability.

“Nothing for OOSAY without OOSAY.”

7.2 Secondary Stakeholders for the Guidelines

7.2.1 Government Ministries, Departments and Agencies (MDAs)

The roles of MDAs will be to:

- Compliment health education and life skills as per their mandate.
- Commit to effective participation of the sector in delivery of their mandate in support of providing health education and life skills and related services to OOSAY
- Ensure that respective OOSAY health education and life skills programming is aligned to funding workplans and budgets
- Ensure that a wide range of approaches is used to encourage OOSAY to return to school.
- Train service providers on the importance of health education and life skills to OOSAY.
- Support the monitoring and reviews of the programme related to delivery of health education and life skills in the context of the sector's mandate.

7.2.2 Civil Society Organizations

The Civil Society Organisations (CSOs) will align health education and life skills programmes, activities and materials with the Guidelines. Their roles will be to:

- Ensure integration of health education and life skills in national and sub-national strategic frameworks, plans, policies, and monitoring and evaluation systems of government
- Complement government and other key stakeholders in the provision of health education and life skills and related services for OOSAY
- Advocate for more allocation, effective and efficient utilization and accountability of resources for provision of health education and life skills and related services to OOSAY
- Generate evidence on the need for provision of health education and life skills and relates services to OOSAY
- Joint planning, monitoring, evaluation, accountability, and learning on health education and life skills and related services to OOSAY in the country

7.2.3 Community leaders

Community leaders will play a key role in supporting and championing health education and life skills initiatives for out-of-school adolescents and youth (OOSAY) within their communities. Their involvement will enhance sustainability, social acceptance, and community ownership of the programs. Additionally, they will mobilize families and community structures to actively participate in the nurturing, guidance, and mentorship of OOSAY.

7.2.4 Private Sector

The private sector will:

- Ensure that health education and life skills is delivered appropriately to the OOSAY within their institutions.
- Prioritise health education and life skills implementation under their corporate social responsibility.
- Provide a safe and conducive working environment for OOSAY.
- Provide support towards the implementation of the Guidelines

7.2.5 Development Partners

Development partners will work with government agencies to offer technical and financial support to strengthen the effective implementation and operationalisation of the Guidelines.

7.3 Strategies for Providing Health education and life skills and Related Services to OOSAY

To ensure that all stakeholders involved in the implementation of health education and life skills for Out-of-School Adolescents and Youth (OOSAY) collaborate effectively, the following guidance is provided to support implementers in planning and executing their activities efficiently and meaningfully.

7.3.1 Identification and Engagement of Key Stakeholders:

Implementing entities should identify and engage other stakeholders relevant in the implementation of a thematic area for a specific category of OOSAY outlined in the Guidelines.

This stakeholder mapping will help determine:

- The appropriate entry points for involvement in the delivery of health education and life skills interventions and related services.
- The type and level of capacity building required.
- How the organization will participate in Monitoring, Evaluation, Accountability and Learning (MEAL).
- How the organization's efforts will complement and strengthen broader initiatives by other actors in delivering health education and life skills to OOSAY.

7.3.2 Conduct Situation and Gap Analysis:

Implementing partners should engage with relevant stakeholders to assess the current situation and identify gaps related to the specific thematic area and category of OOSAY they intend to support. This analysis will help determine the most appropriate interventions needed to complement and strengthen the delivery of health education and life skills. Where feasible, both quantitative and qualitative data should be collected to provide a better understanding of the context and inform evidence-based planning and implementation, building on insights gathered during stakeholder consultations.

7.3.3 Assess Implementation Options / strategies:

Implementing entities should explore various options for delivering health education, life skills, and related services to OOSAY (Out-of-School Adolescents and Youth). This will ensure the selection of the most effective and context-appropriate methods. Where necessary, implementers are encouraged to seek technical support from the Ministry of Gender, Labour and Social Development (MGLSD), Ministry of Health (MOH), Ministry of Education and Sports (MOES), and other relevant MDAs, Development Partners, religious, cultural, and civil society organizations.

a) Deliver Values-Based Health Education and Life Skills

Entities will provide OOSAY with values-based health education and life skills guided by a needs assessment. This approach equips OOSAY with the knowledge, attitudes, and practical competencies to make informed decisions and manage health-related challenges, including recovery from negative experiences. The Guidelines outline the necessary content and recommend the development of innovative, tailored materials and delivery methods for each OOSAY category. A participatory needs assessment engaging both OOSAY and community stakeholders will help define:

- Target groups of the OOSAY population;
- Specific needs of these groups;

b) Offer OOSAY-Responsive Services

Efforts will be made to provide sustainable, welcoming, confidential, accessible, and affordable services through OOSAY responsive platforms such as camps and community hubs. These services will cater to the broad health and development needs of OOSAY, increasing access and utilization.

c) Promote OOSAY Engagement and Meaningful Participation

OOSAY are vibrant, innovative, and critical to the success of health education and life skills initiatives. They will be engaged in program design, implementation, monitoring, evaluation, accountability, and learning. Special focus will be placed on empowering OOSAY with disabilities and living with HIV. Their lived experiences can help reduce stigma and promote positive behaviour change among peers. OOSAY affected by issues such as early pregnancy, school dropout and re-entry, unemployment, drug and substance use, mental illness, Female Genital Mutilation (FGM), sexual and gender-based violence (SGBV) etc will also be meaningfully involved.

d) Link OOSAY to Economic Opportunities

In addition to health education and life skills, efforts will be made to promote OOSAY's self-reliance by providing information, training, and linkages to economic opportunities. This includes vocational skills training, mentorship, coaching, and livelihood initiatives tailored to at-risk OOSAY, with the aim of preventing further marginalization and supporting successful transitions to adulthood.

e) Scale-Up Proven Interventions

The Guidelines advocate for the adaptation and scaling-up of evidence-based and effective approaches in health education and life skills. Implementers should build on tested strategies that have demonstrated success in influencing behaviour change, increasing demand for, and improving access to OOSAY services.

f) Engage Multiple Stakeholders

Health education and life skills delivery to OOSAY is a multi-sectoral responsibility led by MGLSD. Efforts will focus on strengthening collaboration, coordination, and synergy among:

- Public and private sector actors, including religious, cultural, political, and technical institutions;
- Civil society, faith institutions, and community-based organizations;
- Parents, caregivers, teachers, community and religious leaders, local champions, celebrities, and other role models;
- Bilateral and multilateral partners, UN agencies, and private foundations;
- Academia, which will support through operational research to ensure relevance and effectiveness;
- Private sector actors, whose expertise and resources can enhance the design and delivery of OOSAY-responsive services.

g) Build Capacity of Key Stakeholders

Efforts will be made to train and equip service providers with the skills and knowledge required to deliver quality health education and life skills. Capacity building will also strengthen referral pathways to enable integration of these services into existing and new OOSAY-focused programs. This will enhance sustainability and ensure that services remain responsive to the emerging needs of OOSAY.

7.3.4 Identify Key Performance Indicators:

To measure the progress of the initiatives the MGLSD with other stakeholders will develop Performance Indicators and determine the timelines for achieving them.

7.3.5 Develop materials and human capacity:

The MGLSD will provide oversight role in the development and approval of IEC materials on health education and life skills by stakeholders before their dissemination.

7.3.6 Develop Work Plan and Budget:

The final step is to determine the budget and resources available to execute each component of the work plan. Dissemination of the plans, deliverables and outcomes are critical to the overall success and sustainability of the health education and life skills for OOSAY. Key to this is to develop a communication strategy which will further serve to increase public awareness, enhance information sharing, preclude duplication of efforts and solicit support for implementation or oversight for the purpose of transparency and accountability.



7.4 Where will Values-Based Health Education and Life Skills be Delivered

Out-of-school adolescents and youth are found in different settings where health education and life skills and related services can be provided.

Out-of-school adolescents and youth can congregate in Community Centres, Youth Centres, and Recreation Centres, libraries, theatres, betting places, bars/clubs, trading centres, churches, mosques and health facility-based youth corners. They can be reached at Play/sports Grounds where they go to pass time; they utilize school premises and compounds where they may go during weekends and school holidays when school facilities are free. All denominations that the OOSAY belong have designated local places of worship where OOSAY congregate for prayers and other functions.

Out-of-school adolescents and youth under care can be met in their confinement places such as prisons, police cells, children detention and rehabilitation centres, refugee settlements and host communities, protection centres, barracks among others.

The OOSAY can be found in places of work such as parks, markets, streets, vending places, garages, farms, companies, construction sites, fishing sites, boda-boda stages, factories, hotels/restaurants, lodges, saloons, sauna, massage parlours, shopping malls among others.

7.5 Who will Provide Health Education and Life Skills

Health education and life skills will be provided by public sector institutions, non-public sector institutions and key persons that have been identified. However, MGLSD will spearhead, lead and oversee the use of this Guidelines.

7.6 How will Health Education and Life Skills be Provided

A separate manual will be developed to operationalise these Guidelines.

7.7 Methods for Providing Health Education and Life Skills and Related Services to OOSAY

Participatory methods including brainstorming, peer to peer education, media campaign, religious sermons, seminars, workshops, facilitated discussions, group work, role play, learning games, problem analysis, guided personal reflection, storytelling, case studies, testimonies, music, dance, drama, community outreach, field visits, and role model visits will be variously used by facilitators in conducting health education and life skills covered in this framework. Furthermore, to the extent possible, the facilitators will also make use of ICT (e.g. TV, radio, social media, telephone/hot line) and libraries in delivering the messages. Edutainment, cultural/religious/community events and sports will be opportunities to be used to deliver health education and life skills and related services to the youth. Integration in flagship programs e.g YLP, PDM, Wealth Creation and Emyooga. For a given category of OOSAY, a combination of methods may be used.



7.8 Materials for Providing Health Education and Life Skills and Related Services to OOSAY

In general, each category of stakeholders will develop its manual and materials for providing health education and life skills to OOSAY that must be approved by the MGLSD. The materials for these populations must be designed to allow for maximum learning in short segments or must employ strategies that bring OOSAY back for continued contact.

The MGLSD and relevant MDAs, the clergy will play a pivotal role during the development of the relevant educational materials for these Guidelines. As stated earlier, the CSOs (FBOs, NGOs and CBOs) will be required to align their programmes, activities and materials with this Guidelines for approval by MGLSD before usage. In particular, there will be need for them to seek for approval as well as clearance and approval of all their soft and hard copies of materials including digital/electronic software and hardware that will be used in delivery of health education and life skills to OOSAY. The approved materials will be shared with the appropriate cultural and religious as well as community leaders in the areas of operation. Appropriate sanctions will be imposed on any CSO that operates outside these Guidelines.

7.9 Enabling Environment for Delivery of Health education and life skills

Providing OOSAY with information and skills without ensuring that they feel safe and supported at home and in their community severely limits their ability to protect themselves from HIV, SGBV and other sexuality related challenges. This is because the sexual and reproductive health of adolescents OOSAY is strongly influenced by a range of social, cultural, political, and economic factors and inequalities. These factors increase their vulnerability to SRH risks (e.g., unsafe sex, sexual coercion, early pregnancy) and pose barriers to their access to health education and life skills and SRH information and services. Addressing these underlying determinants relates to building an enabling environment. Thus, creating an enabling environment will be at individual, interpersonal, community and societal levels.

At individual level, efforts will include;

- (a) economic empowerment of girls,
- (b) creating safe spaces for adolescent girls
- (c) returning and retaining school drop outs in school.

Parents will need to be equipped with the knowledge and skills to create an environment in which they have authority over their boys and girls to ensure that they are safe from harm, cared for equally and treated with respect.

- At the interpersonal level, there will be parental engagement,
- (a) addressing partner related matters for OOSAY that are married
 - (b) addressing peer focused issues
 - (c) mentoring and positive role modelling.

Mass media and educational campaigns will be used to encourage equality between men and women, boys and girls and condemn all forms of violence.

- At the community level, efforts will be made to;
- (a) mobilize adults and community leaders
 - (b) work with boys and men to promote gender equitable norms that affect sexuality.

This will enable the communities to be unequivocal in condemning sexual violence, abuse and exploitation, particularly of children and adolescents and also have authority over their children in and out-of-school and within their homes and communities. At the community level too, the villages and parishes will be encouraged to ensure that sub-counties come out with relevant byelaws regarding SGBV and health education and life skills and also ensure that they are enforced.

- At the society level, efforts will be made to;
- (a) promote laws and policies and their implementation to support health education and life skills and related services
 - (b) promote media campaigns and large-scale communication program that support health education and life skills.

Thus, central and local governments will need to make sexual violence unacceptable by enacting and enforcing laws that protect young women and men from all forms of sexual violence, inside and outside marriage, as well as imposing appropriate penalties on their abusers.

7.10 Monitoring and Evaluating the Implementation of the Health education and life skills Guidelines

The MGLSD, MoH and UBOS will conduct a baseline Youth Risk Behaviour Surveillance (YRBS) survey which will be repeated periodically in order to assess the health-risk behaviours that contribute to the leading causes of sickness, school dropout, violence etc among the OOSAY out-of-schools. The focus of the surveys will include;

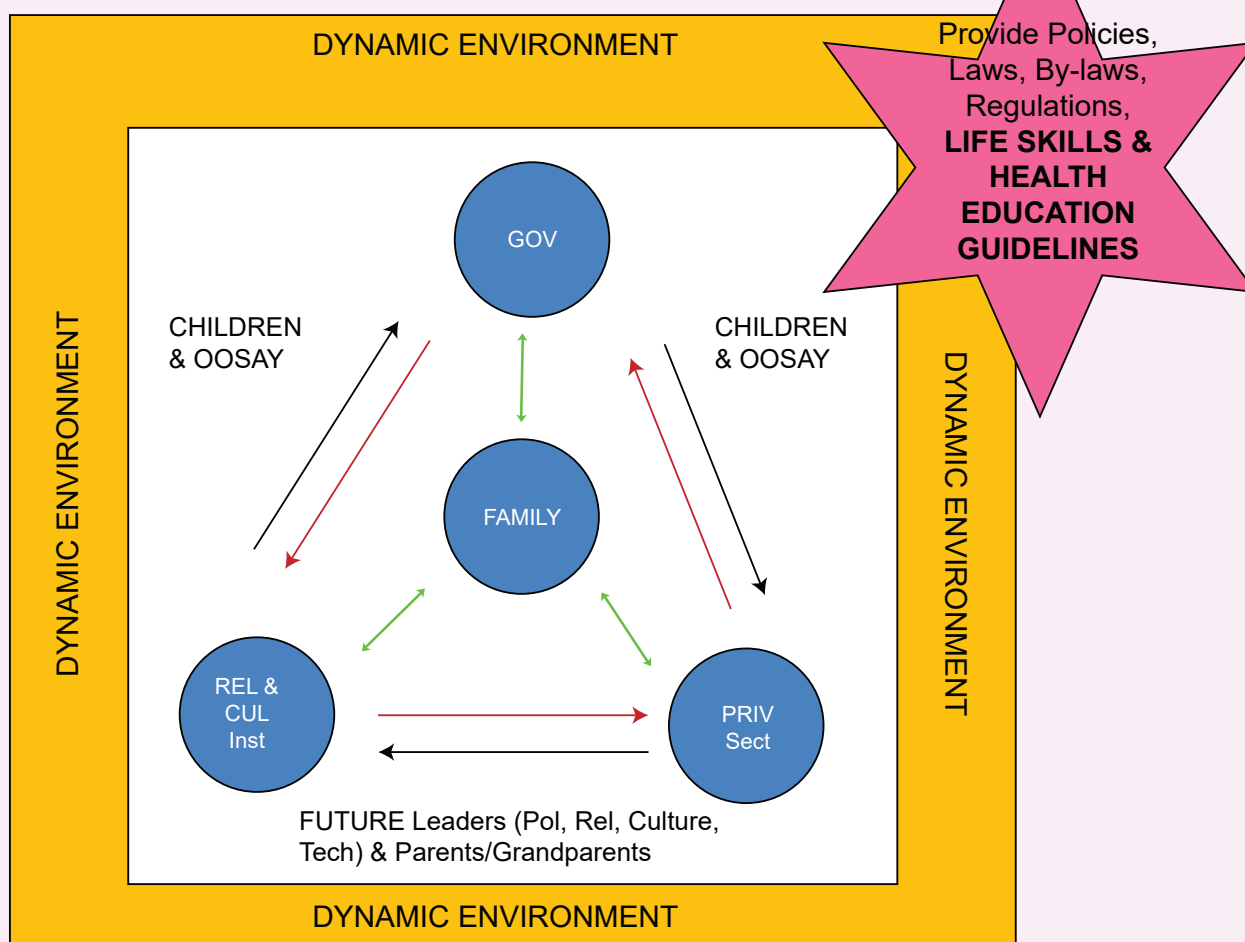
- (a) behaviours that contribute to violence and injuries
- (b) sexual behaviours related to unintended pregnancy, HIV/STI infection
- (c) alcohol and other drug use
- (d) tobacco use
- (e) unhealthy dietary behaviours and
- (f) inadequate physical activity.

In addition,

- (a) MGLSD will include health education and life skills in its routine monitoring and support supervision activities
- (b) community development officials will conduct formative and summative assessment as they teach values-based health education and life skills
- (c) UBOS will collect data on relevant indicators during the regular population-based surveys such as Uganda AIDS Indicator Survey, Uganda Demographic and Health Survey. Some of the key indicators against which information will be collected are included in Annex 1.

In order to enhance utilization of the monitoring and evaluation findings alluded to above, the findings will be disseminated as widely as possible. Health education and life skills will also feature prominently in the Annual Sectoral Performance Review Report of MGLSD.

BUSINESS AS USUAL OR PROACTION?



7.11 Polices and Guidelines that have to be applied in tandem with these Guidelines:

1. The Uganda Constitution 1995,
2. The National Framework on Education for Health and Life Skills, 2025
3. NDPIV
4. National Youth Policy 2016
5. National Child Policy 2020
6. National Strategy to end Child Marriage and Teenage Pregnancy 2022/23-2026/27
7. National Parenting Guidelines
8. National CDO Policy 2015
9. CDO Manual
10. National Policy on Disability in Uganda, 2020
11. SRHR Manual for 2019
12. SDGs.
13. National Guideline on Self-care Interventions for Health and Wellbeing, 2024

ANNEX

Annex 1: **Key Indicators for Monitoring, Evaluation, Accountability and Learning of Health Education and Life Skills to Out-of-School Adolescents and Youth in Uganda**

1. Prevalence of teenage/ unintended pregnancy among OOSAY
2. Percentage of girls aged 15-19 who are currently married
3. Prevalence of school dropout rates by causes (e.g. teenage/ unintended pregnancy, HIV and AIDS, etc)
4. Percentage of OOSAY that have returned to school or are employed
5. Increase in gender-equitable attitudes among OOSAY
6. Prevalence of overweight and obesity among OOSAY
7. Percentage of OOSAY who have had sexual intercourse before the age of 15
8. Percentage of out-of-school young men and women who have had sexual intercourse with more than one partner in the last 12 months
9. Percentage of out-of-school young men and women who have had sexual intercourse with more than one partner in the last 12 months who report the use of a condom during their last intercourse
10. Prevalence of HIV and AIDS among OOSAY segregated by age, levels and gender
11. Prevalence of STI among out-of-school young women and men segregated by age, levels and gender
12. Prevalence of comprehensive knowledge about HIV and AIDS among OOSAY
13. Percentage of OOSAY aged 18-24 who have experienced physical, emotional and sexual violence prior to age 18

Annex 2: Acknowledgement

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